No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19185

FILED JUN 13 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5332

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1421 (rear) Franklin (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 20 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis Mo. (b) County 600

(c) City or town 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1431 Franklin ave, (rear) 9 (If rural, give location)

25 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pricilla Nathan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Na than

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov. (Month) 25 (Day) 1887 (Year)

8. AGE: Years 59 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Fayette Miss. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Issac More
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evelyn Humes
15. Birthplace Fa yette Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Reese

(b) Address 2810 Evans ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Bayou Miss.

18. (a) Signature of funeral director E. H. Boone

(b) Address 1221 N. Grand ave

19. (a) MAY 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1947 hour 2 minute 35 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Abscess of Liver

Due to abscess not determined

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Patrick E. Taylor (M.D. or other)

Address Dyer Date signed 5/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Lucy U. Bannister, Registered Apprentice No. 405, working under my personal supervision.

Signed Eugene Miles

Licensed Embalmer No. 3623

P. O. Address 1221 N. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.